

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
09/492,028  
APPLICANT(S)

FILING DATE

30/4 CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1		1	1	
2		—		
3		1		—
4		1	1	
5		—		
6		1	1	
7		—	1	
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50				
TOTAL IND.		1	1	1
TOTAL DEP.		4	3	3
TOTAL CLAIMS		5	4	4

*	IND.	DEP.	*	IND.	DEP.	*
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TOTAL IND.		4	3	3	3	3
TOTAL DEP.		4	3	3	3	3
TOTAL CLAIMS		5	4	4	4	4